FORM D

Name of Offering

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

(check if this is an amendment and name has changed, and indicate change)



SEC USE ONLY Prefix Serial DATE RECEIVED

Filing Under (Check box(es) that apply): Type of Filing: [X] New Filing [] Amendment	[] Rule 504	[] Rule 505	[X] Rule 506	[] Section 4(6)	[]ULOE
	A. BASIC IDEN	TIFICATION I	DATA		
1. Enter the information requested about the issue	er			n n	
Name of Issuer (check if this is an amendment an Cherokee Sky LLC	nd name has changed	I, and indicate chan	ge.)		FP 3 m 300
Address of Executive Offices (Number and S	Street, City, State, Zip	Code)	Telephone Numbe	er (Including Area Cod	ieP ≈ 7 ZUU4
177 Bank Street, P.O. Box 997, Tellic	o Plains, TN 373	385	(423) 253-697	3	THOMSON
(if different from Executive Offices)				(Including Area Code)	FINANCIAL
Address of Principal Business Operations (Num (if different from Executive Offices) N/A Brief Description of Business	ber and Street, City, S	State, Zip Code)	Telephone Number		FINANCIAL
(if different from Executive Offices) N/A Brief Description of Business General Partner of a limited partners	ber and Street, City, S	State, Zip Code)	Telephone Number		FINANCIAL
(if different from Executive Offices) N/A Brief Description of Business General Partner of a limited partners Type of Business Organization	ber and Street, City, S	State, Zip Code) cquire land for	Telephone Number	(Including Area Code)	The medical services of the se
(if different from Executive Offices) N/A Brief Description of Business General Partner of a limited partners	ber and Street, City, S	State, Zip Code)	development.	(Including Area Code)	The medical services of the se
(if different from Executive Offices) N/A Brief Description of Business General Partner of a limited partners Type of Business Organization	ber and Street, City, S hip which will ac	State, Zip Code) cquire land for	development.	other (please specify)	The medical services of the se
(if different from Executive Offices) N/A Brief Description of Business General Partner of a limited partners Type of Business Organization [] corporation	hip which will ac [] limited [] limited	State, Zip Code) cquire land for partnership, already partnership, to be for	development. formed [X] ormed Limited	other (please specify)	FEB 2 5 2004

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice. Potential persons who are to respond to the collection of information contained in

Persons who respond to the collection of information contained in this form are not

SEC 1972 (6-02) required to respond unless the form displays a currently valid OMB number

A. BAS	IC ID	ENTI	FIC	ΔΤΙ	JNL	ATA
n. unu		4 1 N 3 1 M		Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<i></i>

2. Enter the information requ	uested for the follo	owina:				
Each promoter of	the issuer, if the	issuer has been organi	ized within the past five yo e, or direct the vote or dis	·	r more of a class of equity secu	ırities of
·	ficer and director	of corporate issuers a	nd of corporate general a	nd managing partr	ners of partnership issuers; and	
 Each general and 	managing partne	er of partnership issuer	'S .			
Check Box(es) that Apply:	[x] Promoter	[x] Beneficial Owner	[X] Executive Officer	[X] Director	[] General and/or Managing Partner	
Full Name (Last name first, i	if individual)			ndontonico-r oman propries del cons onado de consonado de la compansión de la consonada de la	nama kadan daga daga daga daga daga daga daga 	
Business or Residence Add	ress (Number an	d Street, City, State, Zi	p Code)			
177 Bank Street, P.O.	Box 997, Te	Ilico Plains, TN 3	37385	***************************************		
Check Box(es) that Apply:	[X] Promoter	[X] Beneficial Owner	er [X] Executive Office	er [X] Director	[] General and/or Managing Partner	
Full Name (Last name first, i	f individual)					
Hunt, Gary Business or Residence Add	ress (Number an	d Street City State 7i	n Code)			
177 Bank Street, P.O.						
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director [] General and/or Managing Partner	
Full Name (Last name first,	if individual)					
Lewis, Elliot						
Business or Residence Add. 177 Bank Street, P.O.						
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[X] Director [] General and/or Managing Partner	
Full Name (Last name first, i	if individual)					······································
Bishop, Kathleen						
Business or Residence Add	ress (Number an	d Street, City, State, Zi	ip Code)			
177 Bank Street, P.O.						
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[X] Director	General and/or Managing Partner	
Full Name (Last name first, Scheilke, Ivonne	if individual)					
Business or Residence Add	roce (Number co	d Stroot City State 7	in Code)			
177 Bank Street, P.O.	•	• • • • • • • • • • • • • • • • • • • •	•			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[X] Director	[] General and/or Managing Partner	
Full Name (Last name first	if individual)	artikan serian di dinandi manamana di di dinang di di dinang mengan dinang di dinang di dinang di dinang di dinang				

177 Bank Street, P.O. Box 997, Tellico Plains, TN 37385

Business or Residence Address (Number and Street, City, State, Zip Code)

Fankhauser, David

B. INFORMATION ABOUT THE OFFERING

2. Wha	it is the m	inimum in	vestment	that will be	e accepted	d from any	individual	?				\$600,000
3. Does the offering permit joint ownership of a single unit?									Yes No [X][]			
commi person states,	ssion or s to be liste list the na	imilar remed is an a ame of the	uneration ssociated broker or	for solicit person or dealer. If	ation of pu agent of a more that	rchasers i a broker or n five (5) p	n connecti dealer reg	on with sal gistered wit be listed ar	th the SEC	rities in the and/or wi	tly, any e offering. If a th a state or s of such a	•
Full Na	me (Last	name firs	t, if individ	lual)			A CONTRACTOR OF THE CONTRACTOR					
	ss or Res	idence Ad	ddress (Nu	ımber and	Street, C	ity, State, i	Zip Code)					· · · · · · · · · · · · · · · · · · ·
Name	of Associa	ated Broke	er or Deal	er		***************************************		***************************************		***************************************		
States	in Which	Person Li	sted Has	Solicited o	or Intends	to Solicit P	urchasers					
(Check	"All States	s" or check	individual	States)						[] All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]-	[ID]
 [IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] Full Na	[SC] ame (Last	[SD] name firs	[TN] t, if individ	[TX] lual)	[UT]	[/T]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
######################################	·		THE STATE OF THE S	***************************************	TOTAL STREET,	NOOCATTE NAMED TO SOMEWAY OF SOME			·	**************************************		
Busine	ss or Res	idence Ad	ddress (Nu	umber and	l Street, C	ity, State,	Zip Code)					
Name	of Associa	ated Brok	er or Deal	er								
States	in Which	Person Li	sted Has	Solicited o	or intends	to Solicit F	urchasers	echomornical distribution and the	CANADAD, AMARTES COM SON MANAGE			
(Check	"All States	s" or check	individual	States)						[] All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	.[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ime (Last	name firs	t, if indivio	lual)								
Busine	ss or Res	idence A	ddress (N	umber and	i Street, C	ity, State,	Zip Code)					
Name	of Associa	ated Brok	er or Deal	er	***************************************							
States	in Which	Person L	sted Has	Solicited o	or Intends	to Solicit F	Purchasers			**************************************		
(Check	"All States	s" or check	individual	States)						[] All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	[עד]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
		MANUAL AND A VARIANT AND A									necessary.)	
سده کست	wy y y								and the second	ND USE	OF PROCEE!	DS
								d the total	amount ffering, ch	eck		

Answer also in Appendix, Column 2, if filing under ULOE.

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security

Aggregate

Amount Already

[] [X]

Debt Equity	S N/A S N/A-	Sold \$ N/A \$ N/A-
[] Common [] Preferred		
Convertible Securities (including warrants)	\$ N/A	\$ N/A
Partnership Interests	\$ N/A	\$ N/A
Other (Specify)	\$600,000	6600 000
LLC A Membership Units_).	\$ 0 00,000	\$600,000
Total	\$600,000	\$600,000
Answer also in Appendix, Column 3, if filing under ULOE.		
Enter the number of accredited and non-accredited investors who have purchased securities in soffering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, dicate the number of persons who have purchased securities and the aggregate dollar amount of persons who have purchased securities and the aggregate dollar amount of purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Aggregate
	Number	Dollar Amount
	Investors	of Purchases
Accredited Investors	1	\$600,000
Non-accredited Investors	0	\$ O
Total (for filings under Rule 504 only)	0	\$ O
Answer also in Appendix, Column 4, if filing under ULOE.		
Type of offering	Type of Security	Dollar Amount
,,		
Rule 505	- i	
Regulation A		_ \$
Rule 504		_\$
Total		_\$
a. Furnish a statement of all expenses in connection with the issuance and distribution of the curities in this offering. Exclude amounts relating solely to organization expenses of the issuer. It is information may be given as subject to future contingencies. If the amount of an expenditure is to known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) (If registered brokers/dealers are obtained)	[] \$	
Other Expenses (identify) Blue Sky Fees	[X] \$ 2	50.00
		JU.UU

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses \$596,750 furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers. Payments Directors, & Affiliates Others Salaries and fees \$255,000 \$50,000_ [] [] Purchase of real estate Purchase, rental or leasing and installation of machinery [] and equipment [] Construction or leasing of plant buildings and facilities...... Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) Repayment of indebtedness [] Working capital \$291,750 [] Other (specify):____ [] [X] [X] Column Totals \$255,000 \$341,750 Total Payments Listed (column totals added) [X] \$596,750 D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Signature Cherokee Sky LLC Name of Signer (Print or Type) Title of Signer (Print or Type) President

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Gary Hunt

E. STATE SIGNATURE		treates and a
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No [] [x] "	висоссовнікі і дій
See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature
Cherokee Sky, LLC	Say (Hunt 2/18/04
Name of Signer (Print or Type)	Title of Signer (Print or Type)
	President
Gary Hunt	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

			on in a property of the second	APPENDI)	(200			
1	to nor invest	2 end to sell n-accredited tors in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of security and aggregate offering price Type of investor and offered in state amount purchased in State					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	A Member Units	Number of Accredited Investors	1 1	Number of Non- Accredited Investors	Amount	Yes	No		
AL	N/A	N/A									
AK	N/A	N/A									
AZ	Ph. s - s - 1. V. A. of 1871 do 1875	X	\$600,000	1	\$600,000	0	0		X		
AR	N/A	N/A									
CA	N/A	N/A									
СО	N/A	N/A					<u> </u>				
СТ	N/A	N/A									
DE	N/A	N/A									
DC	N/A	N/A									
FL	N/A	N/A									
GA	N/A	N/A					1				
н	N/A	N/A									
ID	N/A	N/A									
IL	N/A	N/A							3-00-2-1		
IN	N/A	N/A									
IA	N/A	N/A									
KS	N/A	N/A									
KY	N/A	N/A									
LA	N/A	N/A									
ME	N/A	N/A									
MD	N/A	N/A									
MA	N/A	N/A									
МІ	N/A	N/A									
MN	N/A	N/A									
MS	N/A	N/A									

			Alexander of the second of the second	APPENDIX		Page August 14					
1	to not inves	2 end to sell n-accredited tors in State t B-Item I)	Type of security and aggregate offering price offered in state (Part C-Item 1)	in a constitution of the c	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	A Member Units	Number of Accredited Investors		Number of Non- Accredited Investors	Amount	Yes	No		
МО	N/A	N/A				Sec. 110 The decay State of the					
MT	N/A	N/A									
NE	N/A	N/A		-					التركيب بالموافقة على الموافقة		
NV	N/A	N/A									
NH	N/A	N/A									
NJ	N/A	N/A		on principal parties and an arrangement							
NM	N/A	N/A									
NY	N/A	N/A	3			in the second section of the section of the second section of the section of the second section of the section			orillinka ina ana Pro-dunina kalinda dha ana ana a saga dha lika i a -		
NC	N/A	N/A						errellendend für eine			
ND	N/A	N/A									
ОН	N/A	N/A									
ОК	N/A	N/A	A MANAGE BENGAL AND A STATE OF THE ANGEL AND A								
OR	N/A	N/A									
РА	N/A	N/A									
RI	N/A	N/A									
sc	N/A	N/A									
SD	N/A	N/A				icariani dipiri da Armana na mana mininta da Cara a Armana mana da da Cara a Cara a Cara a Cara a Cara a Cara a					
TN	N/A	N/A									
TX	N/A	N/A							<u> </u>		
UT	N/A	N/A									
VT	N/A	N/A				a de la companya de			de la companya de la definitación de la companya d		
VA	N/A	N/A									
WA	N/A	N/A									
WV	N/A	N/A							######################################		
WI	N/A	N/A				nat manuschapen i in 1764 de processora de una secució alle 144 de comunica					

1	to nor	2 end to sell n-accredited tors in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	A Member Units	Number of Accredited Investors	1 1	Number of Non- Accredited Investors	Amount	Yes	No		
WY	N/A	N/A									
PR	N/A	N/A									